

1998 MASSACHUSETTS
Behavioral Risk Factor Surveillance System
FINAL VERSION
January 9, 1998

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HELLO, I'm _____ calling for the _____
_____. We're doing a study of the health practices of _____
residents. Your phone number has been chosen randomly by the _____
_____ to be included in the study, and we'd like to ask some questions
about things people do which may affect their health.

Is this _____ ? **No** Thank you very much, but I seem to
have dialed the wrong number,
It's possible that your
number may be called at a
later time. **Stop**

Is this a private residence? **No** Thank you very much, but we are only
interviewing private
residences. **Stop**

Our study requires that we randomly select one adult who lives in your household to
be interviewed. How many members of your household, including yourself, are 18
years of age or older?

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. **Go to page 3**

If "no" May I speak with him or her? **Go to "correct respondent" at
bottom of page**

How many of these adults are men and how many are women?

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

The person in your household that I need to speak with is _____.
If "you," go to page 3

To correct respondent Hello, I'm _____ calling for
the _____. I'm a member of a
special research team. We're doing a study of _____
_____ residents regarding their health
practices and day-to-day living habits. You have been
randomly chosen to be included in the study from among
the adult members of your household.

The interview will only take a short time, and all the information obtained in this study will be confidential.

SECTION 1: HEALTH STATUS

1. Would you say that in general your health is: (35)

Please Read

- | | |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |

Do not	Don't know/Not Sure	7
read these		
responses	Refused	9

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (36-37)

- | | |
|---------------------|-----|
| a. Number of days | — — |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (38-39)

- | | |
|--|-----|
| a. Number of days | — — |
| b. None If Q2 also "None," go to Q5 | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (40-41)

- | | |
|---------------------|-----|
| a. Number of days | — — |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

SECTION 2: HEALTH CARE ACCESS

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (42)
- a. Yes 1
 - b. No Go to Q7a 2
 - Don't know/Not sure Go to Q10 7
 - Refused Go to Q10 9
6. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (43)
- a. Yes Go to Q10 1
 - b. No 2
 - Don't know/not sure 7
 - Refused 9
7. What type of health care coverage do you use to pay for most of your medical care? (44-45)
- Is it coverage through: Coverage Code — —
- Please Read**
- a. Your employer Go to Q8 0 1
 - b. Someone else's employer Go to Q8 0 2
 - c. A plan that you or someone else buys on your own Go to Q8 0 3
 - d. Medicare Go to Q10 0 4
 - e. Medicaid or Medical Assistance [or substitute state program name] Go to Q8 0 5
 - f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] Go to Q8 0 6
 - g. The Indian Health Service [or the Alaska Native Health Service] Go to Q8 0 7
 - or
 - h. Some other source Go to Q8 0 8
- Do not read these responses
- None Go to Q9 8 8
 - Don't know/Not sure Go to Q8 7 7
 - Refused Go to Q8 9 9

- 7a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (46-47)

Coverage through:	Coverage Code	— —
Please Read		
If more than one, ask "Which type do you use to pay for most of your medical care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare Go to Q10	0 4
	e. Medicaid or Medical Assistance [or substitute state program name]	0 5
	f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service]	0 7
	or	
	h. Some other source	0 8
Do not read these responses	None Go to Q9	8 8
	Don't know/Not sure Go to Q10	7 7
	Refused Go to Q10	9 9

8. During the past 12 months, was there any time that you did not have any health insurance or coverage? (48)

a. Yes Go to Q10	1
b. No Go to Q10	2
Don't know/Not sure Go to Q10	7
Refused Go to Q10	9

9. About how long has it been since you had health care coverage? (49)

Read Only if Necessary

a. Within the past 6 months (1 to 6 months ago)	1
b. Within the past year (6 to 12 months ago)	2
c. Within the past 2 years (1 to 2 years ago)	3
d. Within the past 5 years (2 to 5 years ago)	4
e. 5 or more years ago	5
Don't know/Not sure	7
Never	8

Refused

9

10. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

11. About how long has it been since you last visited a doctor for a routine checkup? (51)

Read Only if Necessary

- A routine a.** Within the past year (1 to 12 months ago) 1
checkup is a
general phys- b. Within the past 2 years (1 to 2 years ago) 2
ical exam, not
an exam for c. Within the past 5 years (2 to 5 years ago) 3
a specific
injury, ill- d. 5 or more years ago 4
ness, or con-
dition Don't know/Not sure 7
Never 8
Refused 9

SECTION 2A: HEART DISEASE

MA2A.1 Have you ever been told by a doctor or other health professional that you have heart disease?

- YES.....) -1
- NO..... -2
- DON'T KNOW/NOT SURE -7
- REFUSED..... -9

SECTION 3: DIABETES

12. Have you ever been told by a doctor that you have diabetes? (52)

- If "Yes" and female, ask "Was this only when you were pregnant?"**
- a. Yes 1
 - b. Yes, but female told only during pregnancy 2
Go to Section 4: Exercise
 - c. No **Go to Section 4: Exercise** 3
 - Don't know/Not sure **Go to Section 4: Exercise** 7
 - Refused **Go to Section 4: Exercise** 9

MOD1.1 (HAVE DIAB:) How old were you when you were told you have diabetes?

CODE AGE IN YEARS:

--

76/+	-76
DK.	-77
REF.	-99

MOD1.2 Are you now taking insulin?

YES.....)	-1-
NO.....)	-2-SKIP TO MOD1.4
DON'T KNOW/NOT SURE	-7-
REFUSED.....)	-9-

MOD1.3 (INSULIN:) Currently, about how often do you use insulin?

NUMBER OF TIMES:	PER DAY)	1	--
	WEEK	2	--
USE INSULIN PUMP...)		3	3 3
DON'T KNOW/NOT SURE		7	7 7
REFUSED.....)		9	9 9

MOD1.4 (ALL DIAB:) About how often do you check your blood for glucose or sugar?
Include times when checked by a family member or friend, but do
not include times when checked by a health professional.

NUMBER OF TIMES:	PER DAY.)	1	--
	WEEK	2	--
	MONTH	3	--
	YEAR	4	--
NEVER.....)		8	8 8
DON'T KNOW/NOT SURE		7	7 7
REFUSED.....)		9	9 9

MOD1.5 Have you ever heard of glycosylated hemoglobin [gli -KOS-ilated
he-mo-glo-bin] or hemoglobin "A one C"?

YES.....)	-1
NO.....)	-2
DON'T KNOW/NOT SURE	-7
REFUSED.....)	-9

MOD1.6 About how many times in the last year have you seen a doctor,
nurse, or other health professional for your diabetes?

NUMBER OF TIMES:	--
NONE	8 8 -SKIP TO MA3.1
DK	7 7 -
REF	9 9 -

IF MOD1.5=1, CONTINUE
IF MOD1.5>1, GO TO MOD1.8

MOD1.7 About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

NUMBER OF TIMES:		
NONE	8	8
DK	7	7
REF	9	9

MOD1.8 About how many times in the last year has a health professional checked your feet for any sores or irritations?

NUMBER OF TIMES:		
NONE	8	8
DK	7	7
REF	9	9

MA3.1 Have you ever had a foot ulcer/sore/irritation that took longer than two weeks to heal?

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MA3.2 When was the last time you had an exam in which your feet were examined for numbness or loss of feeling?

Read Only if Necessary

WITHIN THE PAST MONTH (0 TO 1 MONTH AGO).....	-1
WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO).....	-2
WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)....	-3
2 OR MORE YEARS AGO.....	-4
NEVER.....	-8
DON'T KNOW/NOT SURE.....	-7
REFUSED.....	-9

MOD1.9 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

WITHIN THE PAST MONTH (0 TO 1 MONTH AGO).....	-1
WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO).....	-2
WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)....	-3
2 OR MORE YEARS AGO.....	-4
NEVER.....	-8
DON'T KNOW/NOT SURE.....	-7
REFUSED.....	-9

MOD1.10 I would now like to ask you three questions about how well you see with your glasses or contacts on if you use them.

How much of the time does your vision limit you in recognizing people or objects across the street?

Would you say -- all of the time?,.....)	-1
most of the time?,.....	-2
some of the time?,.....	-3
a little bit of the time?,	-4
or none of the time?.....	-5

DK.....	-7
REF.....	-9

MOD1.11 How much of the time does your vision limit you in reading print in a newspaper, magazine, recipe, menu, or numbers on the telephone?

Would you say -- all of the time?,.....) -1
 most of the time?,..... -2
 some of the time?,..... -3
 a little bit of the time?, -4
 or none of the time?..... -5
 DK..... -7
 REF..... -9

MOD1.12 How much of the time does your vision limit you in watching television?

Would you say -- all of the time?,.....) -1
 most of the time?,..... -2
 some of the time?,..... -3
 a little bit of the time?, -4
 or none of the time?..... -5
 DK..... -7
 REF..... -9

MA3.3 Have you received education from any of the following on how to care for your diabetes--

	yes	no	dk	ref
a. a nurse or nurse practitioner?.....)	-1	2	7	9
b. a nutritionist or dietitian?.....	-1	2	7	9
c. a diabetes class?.....	-1	2	7	9
d. a doctor? or?.....	-1	2	7	9
e. someone else (spec:_____)	-1	2	7	9

SECTION 4: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

13. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)

a. Yes	1
b. No Go to Q23	2
Don't know/Not sure Go to Q23	7
Refused Go to Q23	9

14. What type of physical activity or exercise did you spend the most time doing during the past month? (54-55)

Activity (specify): _____
 See coding list A
 Refused Go to Q18 9 9

Ask Q15 only if answer to Q14 is running, jogging, walking, or swimming. All others, go to Q16.

15. How far did you usually walk/run/jog/swim? (56-58)

See coding list B if response is not in miles and tenths

Miles and tenths	—	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

16. How many times per week or per month did you take part in this activity during the past month? (59-61)

a. Times per week	1	—	—
b. Times per month	2	—	—
Don't know/Not sure	7	7	7
Refused	9	9	9

17. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (62-64)

Hours and minutes	—	:	—	—
Don't know/Not sure	7	7	7	
Refused	9	9	9	

18. Was there another physical activity or exercise that you participated in during the last month? (65)

a. Yes	1
b. No Go to Q23	2
Don't know/Not sure Go to Q23	7
Refused Go to Q23	9

19. What other type of physical activity gave you the next most exercise during the past month? (66-67)

Activity (specify): _____

See coding list A

Refused Go to Q23	9	9
-------------------	---	---

Ask Q20 only if answer to Q19 is running, jogging, walking, or swimming. All others go to Q21.

20. How far did you usually walk/run/jog/swim? (68-70)

See coding list B if response is not in miles and

Miles and tenths	—	—	—
Don't know/Not sure	7	7	7

tenths

Refused

9

9

9

21. How many times per week or per month did you take part in this activity? (71-73)

a. Times per week	1	__	__
b. Times per month	2	__	__
Don't know/Not sure	7	7	7
Refused	9	9	9

22. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (74-76)

Hours and minutes	__	:	__	__
Don't know/Not sure	7	7	7	
Refused	9	9	9	

SECTION 5: TOBACCO USE

23. Have you smoked at least 100 cigarettes in your entire life? (77)

5 packs = 100 cigarettes	a. Yes	1
	b. No Go to MA5.19	2
	Don't know/Not sure Go to MA5.19	7
	Refused Go to MA5.19	9

MA5.1 (IF EVER SMOKED:) About how old were you when you smoked your first whole cigarette?

Age (years).....	-__
7 or younger.....	-07
76 or older.....	-76
DON'T KNOW/NOT SURE	-77
REFUSED.....	-99

**MA5.2 About how old were you when you first started smoking fairly regularly?
(AT LEAST 1-2 TIMES PER WEEK)**

Age (years).....	-__
10 or younger.....	-10
76 or older.....	-76
NEVER SMOKED REGULARLY	-88
DON'T KNOW/NOT SURE	-77
REFUSED.....	-99

24. Do you now smoke cigarettes everyday, some days, or not at all? (78)

a. Everyday	1
b. Some days Go to MA5.3	2
c. Not at all Go to Q27	3

Refused Go to MA5.19

9

25. On the average, about how many cigarettes a day do you now smoke? (79-80)

1 pack = 20 cigarettes	Number of cigarettes [76 = 76 or more] Go to MA5.4	— —
	Don't know/Not sure Go to MA5.4	7 7
	Refused Go to MA5.4	9 9

MA5.3 (CURRENT SMOKER, SOME DAYS:) On how many of the past 30 days did you smoke cigarettes?

NUMBER OF DAYS.....	—88—	CODE 99 FOR 25a AND GO TO MA5.4
NONE.....	-77	
DON'T KNOW/NOT SURE...	-99	
REFUSED.....		

25a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day? (81-82)

1 pack = 20 cigarettes	Number of cigarettes [76 = 76 or more]	— —
	Don't know/Not sure	7 7
	Refused	9 9

MA5.4 How soon after you awake in the morning do you usually smoke your first cigarette?

HOURS AND MINUTES:

IMMEDIATELY.....)	-0000
DON'T KNOW/NOT SURE.	-2357
REFUSED.....	-2359

GO TO MA5.5

27. About how long has it been since you last smoked cigarettes regularly, that is, daily? (84-85)

Time code	— —
-----------	-----

Read Only if Necessary

a. Within the past month (0 to 1 month ago)	0 1
b. Within the past 3 months (1 to 3 months ago)	0 2
c. Within the past 6 months (3 to 6 months ago)	0 3
d. Within the past year (6 to 12 months ago)	0 4
e. Within the past 5 years (1 to 5 years ago) Go to MA5.19	0 5
f. Within the past 15 years (5 to 15 years ago) Go to MA5.19	0 6
g. 15 or more years ago Go to MA5.19	0 7
Don't know/Not sure Go to MA5.19	7 7
Never smoked regularly Go to MA5.19	8 8

Refused Go to MA5.19

9 9

MA5.5 (IF Q24 = 1,2): What brand do you usually smoke?
 (IF Q24 = 3): Just before you quit smoking, what brand did you usually smoke?

BASIC.....)	-06	MONTCLAIR.....	-56
BENSON & HEDGES.....	-08	NEWPORT.....	-62
CAMBRIDGE.....	-16	NOW.....	-64
CAMEL.....	-18	PALL MALL.....	-66
CARLTON.....	-20	PARLIAMENT.....	-68
GPC.....	-32	SALEM.....	-84
KENT.....	-36	STERLING.....	-85
KOOL.....	-38	TRUE.....	-88
LUCKY STRIKE.....	-46	VICEROY.....	-90
MARLBORO.....	-48	VIRGINIA SLIMS..	-92
MERIT.....	-50	WINSTON.....	-94
MISTY.....	-52	ALL DIFF TYPE...	-95 GO TO MA5.8
MONARCH.....	-54	GENERIC IN GEN.	-96
		OTHER.....	-97
		DON'T KNOW.....	-77
		REF.....	-99

MA5.6 Are the words "light" or "ultra-light" on the package of the brand you usually... (IF Q24 = 1,2): smoke? (IF Q24 = 3): smoked?

Probe for which	a. Light	-1
	b. Ultra-light	-2
	c. Yes, but can't remember which	-3
	d. No	-4
	e. Don't know	-7
	f. Refused	-9

MA5.7 (IF Q24 = 1,2): Do... (IF Q24 = 3): Did... you usually smoke menthol cigarettes?

YES.....)	-1
NO.....	-2
DON'T KNOW/NOT SURE	-7
REFUSED.....	-9

MA5.8 (IF Q24 = 1,2): Have you switched brands in the past year?
 (IF Q24 = 3): Did you switch brands during the year before you quit smoking?

YES.....)	-1	
NO.....	-2	IF Q24=1, GO TO Q26; IF Q24=2, GO TO MA5.13;
		IF Q24=3, GO TO MA5.16
DON'T KNOW/NOT SURE	-7	
REFUSED.....	-9	

MA5.9 What brand did you switch from?

BASIC.....)	-06	MONTCLAIR.....	-56
BENSON & HEDGES.....	-08	NEWPORT.....	-62
CAMBRIDGE.....	-16	NOW.....	-64
CAMEL.....	-18	PALL MALL.....	-66
CARLTON.....	-20	PARLIAMENT.....	-68
GPC.....	-32	SALEM.....	-84
KENT.....	-36	STERLING.....	-85
KOOL.....	-38	TRUE.....	-88
LUCKY STRIKE.....	-46	VICEROY.....	-90
MARLBORO.....	-48	VIRGINIA SLIMS..	-92
MERIT.....	-50	WINSTON.....	-94
MISTY.....	-52	ALL DIFF TYPE...	-95
MONARCH.....	-54	GENERICS IN GEN.	-96
		OTHER.....	-97
		DON'T KNOW.....	-77
		REF.....	-99

GO TO MA5.12

MA5.10 Were the words "light" or "ultra-light" on the package of this brand?

	a. Light	-1
Probe for	b. Ultra-light	-2
which	c. Yes, but can't remember which	-3
	d. No	-4
	e. Don't know	-7
	f. Refused	-9

MA5.11 Were these menthol cigarettes?

YES.....)	-1
NO.....	-2
DON'T KNOW/NOT SURE	-7
REFUSED.....	-9

MA5.12 What is the main reason you switched brands?

READ ONLY IF NECESSARY

a. Lower tar and nicotine	01
b. Less health risk	02
c. Price	03
d. Coupons, rebates, merchandise	04
e. Taste/enjoyment	05
f. Trying to quit	06
g. Other, SPECIFY_____	07
h. Don't know	77
i. Refused	99

IF Q24=1, GO TO Q26; IF Q24=2, GO TO MA5.13; IF Q24=3, GO TO MA5.16

26. During the past 12 months, have you quit smoking for 1 day or longer? (83)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

GO TO MA5.14

MA5.13 During the past 12 months, have you intentionally quit smoking for 1 day or longer?

YES.....) -1
NO..... -2
DON'T KNOW/NOT SURE -7
REFUSED..... -9

MA5.14 Are you planning to quit smoking in the next 30 days?

YES.....) -1-GO TO MA5.16
NO..... -2
DON'T KNOW/NOT SURE -7
REFUSED..... -9

MA5.15 Are you thinking about quitting smoking in the next 6 months?

YES.....) -1
NO..... -2
DON'T KNOW/NOT SURE -7
REFUSED..... -9

MA5.16 (CURR SMOKERS & RECENT QUITTERS:) In the past 12 months, did a medical doctor or assistant advise you to stop smoking?

YES) -1
NO.. -2
DK.. -7
REF. -9

MA5.17 In the past 12 months, have you heard, read, or seen any information about quitting smoking?

YES) -1
NO.. -2-GO TO MA5.19
DK.. -7-
REF. -9-

MA5.18 I'm going to read you a list of places where you may have gotten this quit-smoking information. Did you get any of this information --

	YES	NO	DK	REF
a. from television?,.....)	-1	-2	-7	-9
b. from the radio?,.....)	-1	-2	-7	-9
c. from a billboard?,.....)	-1	-2	-7	-9
d. from a doctor?,.....)	-1	-2	-7	-9
e. from a dentist?,.....)	-1	-2	-7	-9
f. from another health care professional?,.....)	-1	-2	-7	-9
g. at work?,.....)	-1	-2	-7	-9
h. from family or a friend?,.....)	-1	-2	-7	-9
i. from a brochure or other printed material?,..)	-1	-2	-7	-9
j. by calling the Smokers Telephone Quit-Line?,)	-1	-2	-7	-9
k. or from any other source? (SPECIFY).....)	-1	-2	-7	-9

MA5.19 (ASK ALL:) Is there anyone else living in your household who smokes cigarettes?

YES.....) -1
NO..... -2
DON'T KNOW/NOT SURE -7

REFUSED..... -9

28. Have you ever smoked a cigar, even just a few puffs? (86)

cigar =	a. Yes	1
large cigar	b. No Go to MA5.20	2
cigarillo,	Don't know/Not sure Go to MA5.20	7
or small cigar	Refused Go to MA5.20	9

29. When was the last time you smoked a cigar? (87-88)

Time code — —

Read Only if Necessary

a. Within the past month (0 to 1 month ago)	0 1
b. Within the past 3 months (1 to 3 months ago) Go to MA5.20	0 2
c. Within the past 6 months (3 to 6 months ago) Go to MA5.20	0 3
d. Within the past year (6 to 12 months ago) Go to MA5.20	0 4
e. Within the past 5 years (1-5 years ago) Go to MA5.20	0 5
f. Within the past 15 years (5-15 years ago) Go to MA5.20	0 6
g. 15 or more years ago Go to MA5.20	0 7
Don't know/not sure Go to MA5.20	7 7
Refused Go to MA5.20	9 9

30. In the past month, did you smoke cigars: (89)

Please Read

a. Everyday	1
b. Several times per week	2
c. Once per week	3
or	
d. Less than once per week	4
Do not read these responses	
Don't know/Not sure	7
Refused	9

MA5.20 Do you believe that switching from cigarettes to cigars reduces a smokers' chance of illness?

YES.....)	-1
NO.....	-2
DON'T KNOW/NOT SURE	-7
REFUSED.....	-9

MA5.21 Do you believe that smoking low tar and low nicotine cigarettes carries less risk of illness than smoking regular cigarettes?

YES.....) -1
 NO..... -2
 DON'T KNOW/NOT SURE -7
 REFUSED..... -9

MA5.22 Some people say that tobacco companies should list the ingredients contained in their products so that people will know what substances they are smoking or chewing. The tobacco companies say that disclosure of ingredients would give an unfair advantage to competitors. Do you agree or disagree with the following statement? A list of ingredients contained in tobacco products should be made available to the public.

AGREE.....) -1
 DISAGREE..... -2
 DON'T KNOW/NOT SURE. -7
 REFUSED..... -9

MA5.23 Now I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

* Concerning smoking in (NAME OF PLACE) -- should it be allowed without restriction, should it be permitted only in designated areas, or not be allowed at all?

(After first three, you may read "How about...?")

	ALLOW W/OUT RESTRICT	PERMIT ONLY DESIG. AREAS	NT ALLOW AT ALL	DK	REF
a. Restaurants?.....) -1	-2	-3	-7	-9	
b. Indoor work areas? (*)..... -1	-2	-3	-7	-9	
c. Bars and cocktail lounges? (*) -1	-2	-3	-7	-9	
d. Indoor sporting events? (*)... -1	-2	-3	-7	-9	
e. Outdoor sporting events? (*).. -1	-2	-3	-7	-9	
f. Indoor shopping malls? (*).... -1	-2	-3	-7	-9	

MA5.24 If restaurants were completely smokefree, would you eat out more often, less often, or about the same as you do now?

MORE OFTEN.....-1
 LESS OFTEN.....-2
 ABOUT THE SAME.....-3
 DON'T EAT IN RESTAURANTS.....-4
 DON'T KNOW/NOT SURE.....-7
 REFUSED.....-9

MA5.25 Which statement best describes the rules about smoking in your home --

-- no one is allowed to smoke anywhere?,.....) -1
 smoking is allowed in some places or at some times?, -2
 or smoking is permitted anywhere?..... -3
 DON'T KNOW/NOT SURE..... -7

REFUSED..... -9

MA5.26 In Massachusetts, it is against the law to sell cigarettes to anyone under 18 years old. How many storekeepers do you think are careful about not selling to people under 18? Would you say --

-- all?,...) -1
 most?... -2
 some?,... -3
 or none? -4
 DK..... -7
 REF..... -9

SECTION 6: FRUITS AND VEGETABLES

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

31. How often do you drink fruit juices such as orange, grapefruit, or tomato?
 (90-92)

a. Per day	1	___	___
b. Per week	2	___	___
c. Per month	3	___	___
d. Per year	4	___	___
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

32. Not counting juice, how often do you eat fruit? (93-95)

a. Per day	1	___	___
b. Per week	2	___	___
c. Per month	3	___	___
d. Per year	4	___	___
e. Never	5	5	5
Don't know/Not sure	7	7	7
Refused	9	9	9

33. How often do you eat green salad? (96-98)
- | | | | |
|---------------------|---|-----|-----|
| a. Per day | 1 | ___ | ___ |
| b. Per week | 2 | ___ | ___ |
| c. Per month | 3 | ___ | ___ |
| d. Per year | 4 | ___ | ___ |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |
34. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (99-101)
- | | | | |
|---------------------|---|-----|-----|
| a. Per day | 1 | ___ | ___ |
| b. Per week | 2 | ___ | ___ |
| c. Per month | 3 | ___ | ___ |
| d. Per year | 4 | ___ | ___ |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |
35. How often do you eat carrots? (102-104)
- | | | | |
|---------------------|---|-----|-----|
| a. Per day | 1 | ___ | ___ |
| b. Per week | 2 | ___ | ___ |
| c. Per month | 3 | ___ | ___ |
| d. Per year | 4 | ___ | ___ |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |
36. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (105-107)
- Example:**
- | | | | |
|---------------------|---|-----|-----|
| a. Per day | 1 | ___ | ___ |
| b. Per week | 2 | ___ | ___ |
| c. Per month | 3 | ___ | ___ |
| d. Per year | 4 | ___ | ___ |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
- A serving of vegetables at both lunch and dinner would be two servings**

Refused

9 9 9

Section 7: Weight Control

37. Are you now trying to lose weight? (108)
- a. Yes **Go to Q39** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
38. Are you now trying to maintain your current weight, that is to keep from gaining weight? (109)
- a. Yes 1
 - b. No **Go to Q41** 2
 - Don't know/Not sure **Go to Q41** 7
 - Refused **Go to Q41** 9
39. Are you eating either fewer calories or less fat to...
lose weight? [**if "Yes" on Q37**]
keep from gaining weight? [**if "Yes" on Q38**] (110)
- Probe for which**
- a. Yes, fewer calories 1
 - b. Yes, less fat 2
 - c. Yes, fewer calories and less fat 3
 - d. No 4
 - Don't know/Not sure 7
 - Refused 9
40. Are you using physical activity or exercise to...
lose weight? [**if "Yes" on Q37**]
keep from gaining weight? [**if "Yes" on Q38**] (111)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

41. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (112)

Probe for which	a. Yes, lose weight	1
	b. Yes, gain weight	2
	c. Yes, maintain current weight	3
	d. No	4
	Don't know/Not sure	7
	Refused	9

42. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications. (113)

Include only pills taken for the primary purpose of losing weight

Probe for which	a. Yes, I am currently taking them	1
	b. Yes, I have taken them but I am not currently taking them	2
	c. No, I have not taken them Go to Q44	3
	Don't know/Not sure Go to Q44	7
	Refused Go to Q44	9

43. How much did you weigh just before you started taking prescription weight loss pills for the first time? (114-116)

Round fractions up	Weight	— — —
	pounds	
	Don't know/Not sure	7 7 7
	Refused	9 9 9

Section 8: Demographics

44. What is your age?	(117-118)
Code age in years	— —
Don't know/Not sure	0 7
Refused	0 9
45. What is your race? Would you say: Please Read	(119)
a. White	1
b. Black	2
c. Asian, Pacific Islander	3
d. American Indian, Alaska Native	4
or	
e. Other: (specify) _____	5
Do not read these responses Don't know/Not sure	7
Refused	9
46. Are you of Spanish or Hispanic origin?	(120)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9
47. Are you: (121)	
Please Read	
a. Married	1
b. Divorced	2
c. Widowed	3
d. Separated	4
e. Never been married	5
or	
f. A member of an unmarried couple	6
Refused	9
48. How many children live in your household who are...	
Please Read	
Code 1-9 a. less than 5 years old?	— (122)
7 = 7 or more b. 5 through 12 years old?	— (123)
8 = None	
9 = Refused	

c. 13 through 17 years old?

— (124)

49. What is the highest grade or year of school you completed? (125)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | 9 |

50. Are you currently: **Please Read** (126)

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |
| Refused | 9 |

51. Is your annual household income from all sources: (127-128)

Read as Appropriate

If respondent refuses at any income level, code refused	a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d. Less than \$10,000 If "no," code c	0 1
	e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h. \$75,000 or more	0 8
Do not read these responses	Don't know/Not sure	7 7
	Refused	9 9

52. About how much do you weigh without shoes? (129-131)

Round fractions up	Weight pounds	— — —
	Don't know/Not sure	7 7 7
	Refused	9 9 9

53. How much would you like to weigh? (132-134)

Weight	— — —
	pounds
Don't know/Not sure	7 7 7
Refused	9 9 9

54. About how tall are you without shoes? (135-137)

Round fractions down	Height ft/inches	— / — —
	Don't know/Not sure	7 7 7
	Refused	9 9 9

[NO COUNTY QUESTION!]

55. What city or town do you live in?

AMHERST.... -008	FITCHBURG.. -097	MILTON..... -189	SOMERSET..... -273
ARLINGTON.. -010	FRAMINGHAM. -100	NATICK..... -198	SOMERVILLE.... -274
ATTLEBORO.. -016	FRANKLIN... -101	NEEDHAM..... -199	SOUTHBRIDGE... -278
BELMONT.... -026	GARDNER.... -103	NEW BEDFORD. -201	SPRINGFIELD... -281
BEVERLY.... -030	GLOUCESTER. -107	NEWBURYPORT. -206	STONEHAM..... -284
BOSTON..... -035	HAVERHILL.. -128	NEWTON..... -207	STOUGHTON..... -285
BRAINTREE.. -040	HOLYOKE.... -137	N. ADAMS.... -209	TAUNTON..... -293
BROCKTON... -044	LAWRENCE... -149	NORTHAMPTON. -214	WAKEFIELD..... -305
BROOKLINE.. -046	LEOMINSTER. -153	N. ANDOVER.. -210	WALTHAM..... -308
BURLINGTON. -048	LEXINGTON.. -155	N. ATTLEBORO -211	WATERTOWN..... -314
CAMBRIDGE.. -049	LONGMEADOW. -159	NORWOOD..... -220	WELLESLEY..... -317
CANTON..... -050	LOWELL..... -160	PEABODY..... -229	W. SPRINGFIELD -325
CHELMSFORD. -056	LUDLOW..... -161	PITTSFIELD.. -236	WESTFIELD..... -329
CHELSEA.... -057	LYNN..... -163	QUINCY..... -243	WEYMOUTH..... -336
CHICOPEE... -061	MALDEN..... -165	RANDOLPH.... -244	WILMINGTON.... -342
DANVERS.... -071	MARBLEHEAD. -168	READING..... -246	WINCHESTER.... -344
DEDHAM..... -073	MARLBOROUGH -170	REVERE..... -248	WINTHROP..... -346
EASTHAMPTON -087	MEDFORD.... -176	ROCKLAND.... -251	WOBURN..... -347
EVERETT.... -093	MELROSE.... -178	SALEM..... -258	WORCESTER..... -348
FAIRHAVEN.. -094	METHUEN.... -181	SAUGUS..... -262	OTHER:(SPEC
FALL RIVER. -095	MILFORD.... -185	SHREWSURY... -271	BELOW)..... -997
			DK..... -998
			REF..... -999

(ALLSTON, BRIGHTON, CHARLESTON, DORCHESTER, E. BOSTON, JAMAICA PLAIN, HYDE PARK, MATTAPAN, ROXBURY, S. BOSTON, W. ROXBURY=BOSTON)

CITY/TOWN NAME:

If Q55=35, continue. Else go to Q56.

MA8.1 What is your zip code?

Zip code	0 2 _ _ _
Don't know/not sure	7 7 7 7 7
Refused	9 9 9 9 9

56. Do you have more than one telephone number in your household? (141)

a. Yes	1
b. No Go to Q58	2
Refused Go to Q58	9

57. How many residential telephone numbers do you have? (142)

Exclude dedicated fax and computer lines	Total telephone numbers [8 = 8 or more]	—
	Refused	9

58. Indicate sex of respondent. Ask Only if Necessary (143)

Male	If age<65, Go to Section 10: HIV/AIDS	1
	If age>=65, Go to Section 11: DISABILITY <u>10A: SOCIAL NETWORKS</u>	
Female		2

Now I have some questions about other health services you may have received.

Section 9: Women's Health

59. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (144)
- a. Yes 1
 - b. No **Go to Q62** 2
 - Don't know/Not sure **Go to Q62** 7
 - Refused **Go to Q62** 9
60. How long has it been since you had your last mammogram? (145)
- Read only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
61. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (146)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
62. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (147)
- a. Yes 1
 - b. No **Go to Q65** 2
 - Don't know/Not sure **Go to Q65** 7
 - Refused **Go to Q65** 9

63. How long has it been since your last breast exam? (148)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

64. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (149)

- | | |
|-------------------------------------|---|
| a. Routine Checkup | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

65. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (150)

- | | |
|--------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q68 | 2 |
| Don't know/Not sure Go to Q68 | 7 |
| Refused Go to Q68 | 9 |

66. How long has it been since you had your last Pap smear? (151)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

67. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (152)
- a. Routine exam 1
 - b. Check current or previous problem 2
 - Other 3
 - Don't know/Not sure 7
 - Refused 9
68. Have you had a hysterectomy? (153)
- a. Yes If age<65, Go to Section 10: HIV/AIDS 1
If age>=65, Go to Section 10A: SOCIAL NETWORKS
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
- A hysterectomy is an operation to remove the uterus (womb)**
- If age 45-64, go to Section 10: HIV/AIDS.
If age>=65, go to Section 10A: SOCIAL NETWORKS
69. To your knowledge, are you now pregnant? (154)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

Section 10: HIV/AIDS

If respondent is 65 years old or older, go to SECTION 10A: SOCIAL NETWORKS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

70. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (155-156)

Code 01 through 12	a. Grade	—	—
	b. Kindergarten	5	5
	c. Never	8	8
	Don't know/Not sure	7	7
	Refused	9	9

71. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (157)

a. Yes	1
b. No	2
Would give other advice	3
Don't know/Not sure	7
Refused	9

72. What are your chances of getting infected with HIV, the virus that causes AIDS? (158)

Would you say: **Please Read**

a. High	1
b. Medium	2
c. Low	3
or	
d. None	4
Not applicable Go to Q76a	5

**Do not
read these
responses**

Don't know/Not sure	7
Refused	9

73. Have you donated blood since March 1985? (159)

a. Yes	1
b. No Go to Q75a	2
Don't know/Not sure Go to Q75a	7
Refused Go to Q75a	9

74.	Have you donated blood in the past 12 months?	(160)
a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9
75.	Except for tests you may have had as part of blood donations, have you ever been tested for HIV?	(161)
Include saliva tests	a. Yes Go to Q76	1
	b. No Go to SECTION 10A: SOCIAL NETWORKS	2
	Don't know/Not sure Go to SECTION 10A: SOCIAL NETWORKS	7
	Refused Go to SECTION 10A: SOCIAL NETWORKS	9
75a.	Have you ever been tested for HIV?	(162)
Include saliva tests	a. Yes Go to Q76a	1
	b. No Go to SECTION 10A: SOCIAL NETWORKS	2
	Don't know/Not sure Go to SECTION 10A: SOCIAL NETWORKS	7
	Refused Go to SECTION 10A: SOCIAL NETWORKS	9
76.	Not including your blood donations, have you been tested for HIV in the past 12 months? (163)	
Include saliva tests	a. Yes Go to Q77	1
	b. No Go to SECTION 10A: SOCIAL NETWORKS	2
	Don't know/Not sure Go to SECTION 10A: SOCIAL NETWORKS	7
	Refused Go to SECTION 10A: SOCIAL NETWORKS	9
76a.	Have you been tested for HIV in the past 12 months?	(164)
Include saliva tests	a. Yes	1
	b. No Go to SECTION 10A: SOCIAL NETWORKS	2
	Don't know/Not sure Go to SECTION 10A: SOCIAL NETWORKS	7
	Refused Go to SECTION 10A: SOCIAL NETWORKS	9

77. What was the main reason you had your last test for HIV?

(165-166)

Reason code

— —

Read Only if Necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
i. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
Go to Section 10A: SOCIAL NETWORKS	
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

78. Where did you have your last test for HIV? (167-168)

Facility Code

— —

Read Only if Necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
i. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5
p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7
Don't know/Not sure	7 7
Refused	9 9

79. Did you receive the results of your last test? (169)
- a. Yes 1
 - b. No Go to SECTION 10A: SOCIAL NETWORKS 2
 - Don't know/Not sure Go to SECTION 10A: SOCIAL NETWORKS 7
 - Refused Go to SECTION 10A: SOCIAL NETWORKS 9
80. Did you receive counseling or talk with a health care professional about the results of your test? (170)
- a. Yes 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9

ADD TRANSITION STATEMENT

SECTION 10A: SOCIAL NETWORKS

MA10A.1 Are you active in any clubs or organizations, such as community or neighborhood groups; unions; church, school, recreational, or fraternal organizations; or any volunteer groups?

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

SECTION 11: DISABILITY, ACTIVITY LIMITATION, AND QUALITY OF LIFE

The next two questions are about your support needs and life satisfaction.

MA11.1 How often do you get the social and emotional support you need? Would you say: (510)

PLEASE READ

a.	Always	1
b.	Usually	2
c.	Sometimes	3
d.	Rarely	4
e.	Never	5
Do not	Don't know / Not sure	7
read these	Refused	9
responses		

MA11.2 In general, how satisfied are you with your life? Would you say: (511)

PLEASE READ

a.	Very satisfied	1
b.	Satisfied	2
c.	Dissatisfied	3
d.	Very dissatisfied	4
Do not	Don't know / Not sure	7
read these	Refused	9
responses		

"These next questions are about limitations you may have in your daily life."

MA11.3 Are you limited in the kind or amount of work you can do because of any impairment or health problem? (512)

a.	Yes	1
b.	No	2
	Don't know / Not sure	7
	Refused	9

MA11.4 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (513)

a.	Yes	1
b.	No	2
	Don't know / Not sure	7
	Refused	9

MA11.5 If you use special equipment or help from others to get around, what type do you use? (514-519)

CODE UP TO THREE RESPONSES

- | | | | |
|----|---|--------------|----|
| a. | No special equipment or help used | GO TO MA11.7 | 01 |
| b. | Other people | | 02 |
| c. | Cane or walking stick | | 03 |
| d. | Walker | | 04 |
| e. | Crutch or crutches | | 05 |
| f. | Manual wheelchair | | 06 |
| g. | Motorized wheelchair | | 07 |
| h. | Electric mobility scooter | | 08 |
| i. | Artificial leg | | 09 |
| j. | Brace | | 10 |
| k. | Service animal [i.e., guide dog or other animal specifically trained to provide assistance] | | 11 |
| l. | Oxygen / special breathing equipment | | 12 |
| m. | Other (specify): _____ | | 13 |
| | Don't know / Not sure | | 77 |
| | Refused | | 99 |

MA11.6 Using special equipment or help, what is the farthest distance that you can go? Would you say: (520)

PLEASE READ

- | | | |
|----|-------------------------------------|---|
| a. | Across a small room | 1 |
| b. | About the length of a typical house | 2 |
| c. | About one or two city blocks | 3 |
| d. | About one mile | 4 |
| e. | More than one mile | 5 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

MA11.7 What is the farthest distance you can walk by yourself, without any special equipment or help from others? Would you say: (521)

PLEASE READ

- | | | |
|----|-------------------------------------|---|
| a. | Not any distance | 1 |
| b. | Across a small room | 2 |
| c. | About the length of a typical house | 3 |
| d. | About one or two city blocks | 4 |
| e. | About one mile | 5 |
| f. | More than one mile | 6 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

MOD16.1 Are you limited in any way in any activities because of any impairment or health problem? (301)

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No IF "YES" TO MA11.3 OR MA11.4 OR "B-M" ON MA11.5, CONTINUE. OTHERWISE, GO TO MA11.8 | 2 |
| | Don't know / Not sure IF "YES" TO MA11.3 OR MA11.4 OR "B-M" ON Q85, CONTINUE. OTHERWISE, GO TO MA11.8 | 7 |
| | Refused IF "YES" TO MA11.3 OR MA11.4 OR "B-M" ON MA11.5, CONTINUE. OTHERWISE, GO TO MA11.8 | 9 |

**MOD16.2 What is the MAJOR impairment or health problem that limits your activities?
(302-303)**

Reason Code

If respondent says "I'm not limited," say "I'm referring to the impairment you indicated on an earlier question."	a.	Arthritis / rheumatism	01
	b.	Back or neck problem	02
	c.	Fractures, bone / joint injury	03
	d.	Walking problem	04
	e.	Lung / breathing problem	05
	f.	Hearing problem	06
	g.	Eye / vision problem	07
	h.	Heart problem	08
	i.	Stroke problem	09
	j.	Hypertension / high blood pressure	10
	k.	Diabetes	11
	l.	Cancer	12
	m.	Depresssion / anxiety / emotional problem	13
	n.	Other impairment/problem	14
		Don't know / Not sure	77
	Refused	99	

GO TO MOD16.3

MA11.8 Would you describe yourself as having a disability of any kind? A disability can be physical, mental, emotional, or communication-related.

a.	Yes	1
b.	No	2
	Don't know / Not sure	7
	Refused	9

MA11.9 What is your major disability?

Don't know / Not sure	7
Refused	9

GO TO MA11.10

MOD16.3 For HOW LONG have your activities been limited because of your major impairment or health problem? (304-306)

a.	Days	1	-	-
b.	Weeks	2	-	-
c.	Months	3	-	-
d.	Years	4	-	-
	Don't know / Not sure	7	7	7
	Refused	9	9	9

MOD16.4 Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (307)

- | | | |
|----|-----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

MOD16.5 Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (308)

- | | | |
|----|-----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

GO TO MA11.13

MA11.10 For HOW LONG have you had your main disability?

- | | | | | |
|----|-----------------------|---|---|---|
| a. | Days | 1 | - | - |
| b. | Weeks | 2 | - | - |
| c. | Months | 3 | - | - |
| d. | Years | 4 | - | - |
| | Don't know / Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

MA11.11 Because of your disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

- | | | |
|----|-----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

MA11.12 Because of your disability, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- | | | |
|----|-----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

The next few questions ask about activity limitations due to barriers.

MA11.13 How much are you limited in any activities because of physical barriers at home or in the community, such as a lack of accessible bathrooms, of ramps, or of Braille signs? Would you say:

PLEASE READ:

- | | | |
|--------|-----------------------|---|
| a. | Not at all | 1 |
| b. | A little | 2 |
| c. | A lot | 3 |
| Do not | Don't know / Not sure | 7 |

read these
responses

Refused

9

MA11.14 How much are you limited in any activities by the ways people react to your ["impairment or health problem" unless MA11.8=1, in which case substitute "disability"] at home or in the community? Would you say:

PLEASE READ:

a.	Not at all	1
b.	A little	2
c.	A lot	3
Do not	Don't know / Not sure	7
read these	Refused	9
responses		

MA11.15 How much are you limited in any activities because of a lack of personal assistance or home care? Would you say:

PLEASE READ:

a.	Not at all	1
b.	A little	2
c.	A lot	3
Do not	Don't know / Not sure	7
read these	Refused	9
responses		

MA11.16 How much are you limited in any activities because of a lack of accessible transportation? Would you say:

PLEASE READ:

a.	Not at all	1
b.	A little	2
c.	A lot	3
Do not	Don't know / Not sure	7
read these	Refused	9
responses		

MOD16.6 During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?
(309-310)

a.	Number of days	
b.	None	8 8
	Don't know / Not sure	7 7
	Refused	9 9

MOD16.7 During the past 30 days, for about how many days have you felt SAD, BLUE, or

DEPRESSED?

(311-312)

a.	Number of days	
b.	None	8 8
	Don't know / Not sure	7 7
	Refused	9 9

MOD16.8 During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?
(313-314)

a.	Number of days	
b.	None	8 8

Don't know / Not sure
Refused

7 7
9 9

MOD16.9 During the past 30 days, for about how many days have you felt that you did not get ENOUGH REST or SLEEP? (315-316)

a.	Number of days	— —
b.	None	8 8
	Don't know / Not sure	7 7
	Refused	9 9

MOD16.10 During the past 30 days, for about how many days have you felt VERY HEALTHY and FULL OF ENERGY? (317-318)

a.	Number of days	— —
b.	None	8 8
	Don't know / Not sure	7 7
	Refused	9 9

If number of adults equals 1 and core Q48a, Q48b, and Q48c are all "none," go to MA12.2

MA11.17 Is there anyone [insert "else" if "yes" to MA11.3, MA11.4, or MOD16.1 or b-m

to MA11.5 or MA11.8] in your household who has a disability or who is LIMITED in any way in any activities because of any impairment or health problem? (522)

a.	Yes	1
b.	No GO TO NEXT SECTION	2
	Don't know / Not sure GO TO NEXT SECTION	7
	Refused GO TO NEXT SECTION	9

MA11.18 How old are these people? (523-532)

Code ages	a.	person 1	— —
97 = 97 and older	b.	person 2	— —
98 = Dk/Ns	c.	person 3	— —
99 = Refused	d.	person 4	— —
	e.	person 5	— —

SECTION 12: VARICELLA

In order to better understand the health issues affecting all members of your household, we need to know the ages ONLY of each person currently living in your household.

MA12.1 Going from youngest to oldest, what are the ages of each person currently living in your household?

Person #1

Code as:	Months	1 — —
	Years	2 — —

Person #2
[Etc.]

If number of adults = 1 and q48 a-c = 8, then substitute "you" for "any members of your household" in following questions.

MA12.2 Have any members of your household had chickenpox in the past 12 months?

a.	Yes	1
----	-----	---

b.	No	GO TO MA12.4	2
	Don't know / Not sure	GO TO MA12.4	7
	Refused	GO TO MA12.4	9

MA12.3 What are the current ages of all those who had chickenpox in the past 12 months?

Person #1

Code as:	Months	1	__	__
	Years	2	__	__

Person #2
[Etc.]

MA12.4 Have any members of your household ever had shingles?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No IF Q48a AND Q48b AND Q48c = (8 OR 9),
GO TO SECTION 13: ASTHMA; ELSE GO TO MA12.7 | 2 |
| | Don't know / Not sure IF Q48a AND Q48b AND Q48c = (8 OR 9),
GO TO SECTION 13: ASTHMA; ELSE GO TO MA12.7 | |
| 7 | Refused IF Q48a AND Q48b AND Q48c = (8 OR 9),
GO TO SECTION 13: ASTHMA; ELSE GO TO MA12.7 | 9 |

MA12.5 What are the current ages of all those who ever had shingles?

Person #1

Code as:	Months	1	__	__
	Years	2	__	__

Person #2
[Etc.]

MA12.6 How old was/were this/these individual(s) when they had shingles? [If more than one, list in same order as in answer to MA12.5]

- | | | |
|----|-------------|---|
| a. | 0-4 years | 1 |
| b. | 5-9 years | 2 |
| c. | 10-19 years | 3 |
| d. | 20-29 years | 4 |
| e. | 30-39 years | 5 |
| f. | 40-49 years | 6 |

IF Q48a AND Q48b AND Q48c = (8 OR 9), GO TO SECTION 13: ASTHMA

MA12.7 Have any members of your household ever had chickenpox vaccine?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No GO TO SECTION 13: ASTHMA | 2 |
| | Don't know / Not sure GO TO SECTION 13: ASTHMA | 7 |
| | Refused GO TO SECTION 13: ASTHMA | 9 |

MA12.8 What are the current ages of all those who ever had chickenpox vaccine?

Person #1

Code as:	Months	1	__	__
	Years	2	__	__

Person #2
[Etc.]

SECTION 13: ASTHMA

MA13.1 Have you or anyone else currently living in your household ever been told by a doctor or other health professional that they have asthma?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No GO TO SECTION 14: ORAL HEALTH | 2 |
| | Don't know / Not sure GO TO SECTION 14: ORAL HEALTH | 7 |
| | Refused GO TO SECTION 14: ORAL HEALTH | 9 |

MA13.2 What are the current ages of all those who have been told they have asthma?

Age in years
Age in years
[Etc.]

SECTION 14: ORAL HEALTH

MOD6.1 How long has it been since you last visited the dentist or a dental clinic?
(235)

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | |
| | Go to MOD6.3 | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 5 years (2 to 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| | Don't know/Not sure Go to MOD6.3 | 7 |
| | Never | 8 |
| | Refused Go to MOD6.3 | 9 |

**MOD6.2 What is the main reason you have not visited the dentist in the last year?
(236-237)**

Reason code	— —
Read Only if Necessary	
a. Fear, apprehension, nervousness, pain, dislike going	0 1
b. Cost	0 2
c. Do not have/know a dentist	0 3
d. Cannot get to the office/clinic (too far away, no transportation, no appointments available)	0 4
e. No reason to go (no problems, no teeth)	0 5
f. Other priorities	0 6
g. Have not thought of it	0 7
h. Other	0 8
Don't know/Not sure	7 7
Refused	9 9

**MOD6.3 How many of your permanent teeth have been removed because of tooth decay or
gum disease? Do not include teeth lost for other reasons, such as injury or
orthodontics. (238)**

a. 5 or fewer	1
b. 6 or more but not all	2
c. All	3
d. None	8
Don't know/Not sure	7
Refused	9

**MOD6.4 Do you have any kind of insurance coverage that pays for some or all of your
routine dental care, including dental insurance, prepaid plans such as HMOs, or
government plans such as Medicaid? (239)**

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

SECTION 15: OSTEOPOROSIS

MA15.1 Have you ever heard of osteoporosis?

YES.....1-GO TO MA15.1 CHECKPOINT
NO.....2-GO TO MA15.4
DON'T KNOW/NOT SURE.....7-
REFUSED.....9-

MA15.1 CHECKPOINT:

[] IF MALE, GO TO MA15.3
[] IF FEMALE AND AGE LT 45, GO TO MA15.3
[] IF FEMALE AND AGE GE 45, GO TO MA15.2

MA15.2 (WOMEN 45+) Have you ever been tested for osteoporosis by having a bone density scan, a test that scans and measures your bones, similar to an x-ray?

YES.....1
NO.....2
DON'T KNOW/NOT SURE.....7
REFUSED.....9

MA15.3 Have you ever been told that you have osteoporosis?

YES.....1
NO.....2
DON'T KNOW/NOT SURE.....7
REFUSED.....9

MA15.4 (ALL) How often do you do strength-building exercise, like lifting free weights, using weight training machines, or doing push-ups or pull-ups?

a. More than 3x per week 1
b. 1-3x per week 2
c. 1-3x per month 3
d. Less than 1x per month 4
e. Never 5
f. Don't know/Not sure 7
g. Refused 9

If female and age LT 45, go to MA15.11

If male and age LT 45, go to Section 16: Injury

MA15.5 (AGE 45+) Have you fallen to the floor or the ground in the last 12 months?

YES.....1
NO.....2-GO TO MA15.8
DON'T KNOW/NOT SURE.....7-
REFUSED.....9-

MA15.6 How many times have you fallen in the last 12 months?

- | | |
|---------------------|---|
| a. Once | 1 |
| b. Twice | 2 |
| c. More than twice | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA15.7 Why did you fall? (IF TWICE OR MORE THAN TWICE TO MA15.6: If you have fallen more than once, tell us about your latest fall)

- | | |
|---------------------------|---|
| a. Tripped | 1 |
| b. Was pushed | 2 |
| c. Slipped | 3 |
| d. Lost balance | 4 |
| e. Other (Specify _____) | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA15.8 Since the age of 45, have you broken your wrist, hip or backbone?

- | | |
|--------------------------|---------------------------|
| YES..... | 1 |
| NO..... | 2-GO TO MA15.8 CHECKPOINT |
| DON'T KNOW/NOT SURE..... | 7- |
| REFUSED..... | 9- |

```
-----
MA15.8 CHECKPOINT:
[ ] IF MALE, GO TO SECTION 16: INJURY
[ ] IF FEMALE, GO TO MA15.11
-----
```

MA15.9 At what age did you break your wrist, hip, or backbone? (If you have had more

than one break, give us your age for the most recent time)

Age: _ _

- | | |
|------------------------|---|
| b. Don't know/Not sure | 7 |
| c. Refused | 9 |

MA15.10 Under what circumstances did the break occur?

- | | |
|---------------------------|---|
| a. Car accident | 1 |
| b. Sports injury | 2 |
| c. Fall | 3 |
| d. Assault | 4 |
| e. Rest | 5 |
| f. Other (Specify _____) | 6 |
| g. Don't know/Not sure | 7 |
| h. Refused | 9 |

If male, go to Section 16: Injury

MA15.11 (WOMEN) How many servings of milk or milk products do you usually consume each day? One serving equals 8 ounces of milk or yogurt , or two slices of cheese.

- | | |
|--|----|
| LESS THAN 1..... | -0 |
| 1 SERVING..... | -1 |
| 2 SERVINGS..... | -2 |
| 3 SERVINGS..... | -3 |
| 4 SERVINGS..... | -4 |
| 5 OR MORE SERVINGS..... | -5 |
| DON'T CONSUME MILK OR MILK PRODUCTS..... | -6 |
| DON'T KNOW/NOT SURE..... | -7 |
| REFUSED..... | -9 |

MA15.12 During the past month, did you take any supplements containing only calcium regularly (that is on most days)?

- | | |
|-----------------|-----------------------------|
| YES..... | -1 |
| NO..... | -2-GO TO MA15.12 CHECKPOINT |
| DON'T KNOW..... | -7- |
| REFUSED..... | -9- |

```
-----
MA15.12 CHECKPOINT:
[ ] IF AGE LT 45, GO TO SECTION 16: INJURY
[ ] IF AGE GE 45, GO TO MA15.14
-----
```

MA15.13 During the past month, did you take calcium.....

- | | |
|------------------------------|----|
| every day?....., | -1 |
| on most days..... | -2 |
| or less than one-half of the | |
| days?..... | -3 |
| DON'T KNOW..... | -7 |
| REFUSED..... | -9 |

If age LT 45, go to SECTION 16: INJURY

MA15.14 (WOMEN 45+:) Estrogens such as Premarin and progestins such as Provera are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Are you currently taking estrogen pills?

YES.....)-1
 NO..... -2-GO TO SECTION 16: INJURY
 DON'T KNOW.... -7-
 REFUSED..... -9-

MA15.5 Why are you taking estrogen pills?

	YES	NO	DK	REF
1. To prevent a heart attack?,.....)	-1	-2	-7	-9
2. To treat or prevent bone thinning bone loss, or osteoporosis?,.....)	-1	-2	-7	-9
3. To treat symptoms of menopause such as hot flashes?,.....)	-1	-2	-7	-9

SECTION 16: INJURY

My next questions refer to injuries, including those from car crashes, household accidents, falls, assaults, suicide attempts, poisoning, and so forth.

MA16.1 In the past 12 months, how many times did you have an injury for which you received medical care from a doctor or other healthcare professional?

RECORD NUMBER	
None	GO TO SECTION 17: SUICIDE
Don't Know	GO TO SECTION 17: SUICIDE
Refused	GO TO SECTION 17: SUICIDE

MA16.2 [IF MA16.1=1: Where did you receive medical care for this injury?] [IF MA16.1>1: For the most recent injury, where did you receive medical care?]

PLEASE READ

a. Hospital emergency room	1
b. Private doctor or HMO	2
c. Other	3
Don't know	7
Refused	9

If MA16.1>1, go to MA16.3a

MA16.3 Was the injury you were treated for a ...

PLEASE READ

a. Violence-related injury?	1
b. Self-inflicted injury (not accidental)?	2
c. Motor vehicle related injury?	3
d. Other accidental injury?	4
Don't know	7
Refused	9

Go to MA16.4

MA16.3a Were any of the injuries you were treated for...

PLEASE READ

	YES	NO	DK	REF
a1. a violence-related injury?.....)	-1	-2	-7	-9
a2. a self-inflicted injury (not accidental)?...)	-1	-2	-7	-9
a3. motor vehicle-related injury?.....)	-1	-2	-7	-9
a4. other accidental injury?.....)	-1	-2	-7	-9

MA16.4 [IF MA16.1=1: Where did injury occur?] [IF MA16.1>1: For the most recent injury, where did it occur?]

PLEASE READ

a. At your job	1
b. At yours or someone else's home	2
c. On a street or highway	3
d. At a sports/recreation area	4
e. At a school or public institute	5
f. Some other place	6
Don't know	7
Refused	9

SECTION 17: SUICIDE

Sometimes people feel so depressed and hopeless about the future that they may consider suicide, that is, taking some action to end their own life. The next questions ask about attempted suicide.

MA17.1 During the past 12 months, did you ever seriously consider attempting suicide?

a. Yes	1
b. No GO TO DECISION POINT AT END OF SECTION	2
Don't know/Not sure GO TO DECISION POINT AT END OF SECTION	7
Refused GO TO DECISION POINT AT END OF SECTION	9

MA17.2 During the past 12 months, did you actually attempt suicide?

a. Yes	1
b. No GO TO STATEMENT AT END OF SECTION	2
Don't know/Not sure GO TO STATEMENT AT END OF SECTION	7
Refused GO TO STATEMENT AT END OF SECTION	9

MA17.3 During the past 12 months, how many times did you attempt suicide?

a. 1 time	1
b. 2 or 3 times	2
c. 4 or 5 times	3
d. 6 or more times	4
Don't know/Not sure	7
Refused	9

MA17.4 Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling 411 (or their area code plus 555-1212) and asking for the number of a local crisis hotline. You can also speak directly to your doctor or other health provider.

IF FEMALE AND AGE LT 45, CONTINUE TO SECTION 18: FAMILY PLANNING

IF FEMALE AND AGE GE 45 AND (Q48b<8 OR Q48c<8), GO TO SECTION 19: TEEN PREGNANCY PREVENTION

IF MALE AND (Q48b<8 OR Q48c<8), GO TO SECTION 19: TEEN PREGNANCY PREVENTION

IF FEMALE AND AGE GE 45 AND Q48b>=8 AND Q48c>=8, GO TO SECTION 20: PARTNER VIOLENCE

IF MALE AND Q48b>=8 AND Q48c>=8, GO TO SECTION 20: PARTNER VIOLENCE

SECTION 18: FAMILY PLANNING

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now ("Yes" to core Q69), go to MOD3.2a

MOD3.1 Have you been pregnant in the last 5 years? (205)

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No IF Q68=1 GO TO MOD 3.6; ELSE Go to MOD3.3 | 2 |
| | Don't know/Not sure IF Q68=1 GO TO MOD 3.6; ELSE Go to MOD3.3 | 7 |
| | Refused IF Q68=1 GO TO MOD 3.6; ELSE Go to MOD3.3 | 9 |

MOD3.2 Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (206)

Would you say:

Please Read

- | | | |
|----|---|---|
| a. | You wanted to be pregnant sooner | 1 |
| b. | You wanted to be pregnant later | 2 |
| c. | You wanted to be pregnant then | 3 |
| d. | You didn't want to be pregnant then or at anytime in the future | 4 |
| e. | You don't know | 7 |

Do not read	Refused	9
--------------------	---------	---

IF Q68=1 GO TO MOD 3.6; ELSE Go to MOD3.3

MOD3.2a Thinking back to just before you got pregnant with your current pregnancy,
how did you feel about becoming pregnant? (207)

Would you say:

Please Read

- | | |
|--|---|
| a. You wanted to be pregnant sooner | 1 |
| b. You wanted to be pregnant later | 2 |
| c. You wanted to be pregnant then | 3 |
| d. You didn't want to be pregnant then or at any
time in the future | 4 |
| e. You don't know | 7 |
| Do not read Refused | 9 |

If respondent had hysterectomy ("Yes" to core Q68) or is pregnant now ("Yes" to core Q69), go to MOD3.6

MOD3.3 Are you or your [fill in (husband/partner) from core Q47] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (208)

- | | |
|-------------------------------------|---|
| a. Yes | 1 |
| b. No Go to MOD3.5 | 2 |
| c. Not sexually active Go to MOD3.6 | 3 |
| Don't know/Not sure Go to MOD3.6 | 7 |
| Refused Go to MOD3.6 | 9 |

MOD3.4 What kinds of birth control are you or your [fill in (husband/partner) from core Q47] using now? (209-210)

	Kind Code	— —
	Read Only if Necessary	
	a. Tubes tied (sterilization)	0 1
	b. Vasectomy (sterilization)	0 2
If more than one, code other and d. specify each method code	c. Pill	0 3
	d. Condoms	0 4
	e. Foam, jelly, cream	0 5
	f. Diaphragm	0 6
	g. Norplant	0 7
	h. Shots (Depo-Provera)	0 8
	I. Withdrawal	0 9
	j. Other (specify: _____)	8 7
	Don't know/Not sure	7 7
	Refused	9 9

GO TO MOD3.6

MOD3.5 What are your reasons for not using any birth control now? (211-212)

	Reason Code	— —
	Read Only if Necessary	
If more than one, code other and b. specify each method code	a. I am not having sex	0 1
	b. I want to get pregnant	0 2
	c. I don't want to use birth control	0 3
	d. My husband or partner doesn't want to use birth control	0 4
	e. I don't think I can get pregnant	0 5
	f. I can't pay for birth control	0 6
	g. Other (specify: _____)	8 7
	h. Don't know/Not sure	7 7
	I. Refused	9 9

MOD3.6 Where is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?

(213)

Would you say:

Please Read

- | | | |
|-----------------------------|--|---|
| a. | A family planning clinic [Example: a Planned Parenthood clinic] Go to MOD3.8 | 1 |
| b. | A health department clinic | 2 |
| c. | A community health center | 3 |
| d. | A private gynecologist | 4 |
| e. | A general or family physician | 5 |
| | or | |
| f. | Some other kind of place | 8 |
| Do not read these responses | Don't know/not sure | 7 |
| | Refused | 9 |

MOD3.7 Have you ever used the services at a family planning clinic?

(214)

- | | | | |
|---|----|---|---|
| Example:
a Planned
Parenthood
clinic | a. | Yes | 1 |
| | b. | No IF Q48b<8 OR Q48c<8, GO TO SECTION 19:
TEEN PREGNANCY PREVENTION. ELSE GO TO SECTION
20: PARTNER VIOLENCE | 2 |
| | | Don't know/not sure IF Q48b<8 OR Q48c<8, GO TO SECTION 19:
TEEN PREGNANCY PREVENTION. ELSE GO TO SECTION
20: PARTNER VIOLENCE | 7 |
| | | Refused IF Q48b<8 OR Q48c<8, GO TO SECTION 19:
TEEN PREGNANCY PREVENTION. ELSE GO TO SECTION
20: PARTNER VIOLENCE | 9 |

MOD3.8 How long has it been since you used the services at a family planning clinic? (215)

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 3 years (2 to 3 years ago) | 3 |
| d. | Within the past 5 years (3 to 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

IF Q48b>=8 AND Q48c>=8, GO TO SECTION 20: PARTNER VIOLENCE

SECTION 19: TEEN PREGNANCY PREVENTION

The next few questions ask you about your perceptions and attitudes about teen pregnancy and teen pregnancy prevention in your community.

MA19.1 During the past 30 days, about how often have you heard or seen in your community information regarding teen pregnancy prevention? The sources of information could be your friends or neighbors; newspapers, flyers, or posters, public service announcements on TV or radio; or at public events, meetings or workshops.

PLEASE READ

- | | |
|--|---|
| a. Several times a week | 1 |
| b. About once a week | 2 |
| c. About once or twice in the past 30 days | 3 |
| d. Not at all in the past 30 days | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA19.2 Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once?

- a. Number _____

(If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.)

Don't know/Not sure	77
Refused	99

MA19.3 Starting at what age do you think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy?

Age (years)	_____
Don't know/Not sure	77
Refused	99

If Q48c>=8, GO TO SECTION 20: PARTNER VIOLENCE

MA19.4 (If Q48c=1) Regarding the child in your household between the ages of 13 and 17...
(If Q48c>1) Regarding the oldest child in your household between the ages of 13 and 17...

is this child male or female?

- | | |
|-----------|---|
| a. Male | 1 |
| b. Female | 2 |

Refused

9

MA19.5 How are you related to this child? Is this child a(n)...?

- | | | |
|----|--------------------------------------|----|
| a. | Natural-born or adopted son/daughter | 01 |
| b. | Stepson/stepdaughter | 02 |
| c. | Grandchild | 03 |
| d. | Foster child | 04 |
| e. | Niece or nephew | 05 |
| f. | Brother or sister | 06 |
| g. | Other relative | 07 |
| h. | Other non-relative | 08 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

MA19.6 During the past 12 months, about how often have you or other adults in the household had a conversation with this teenager regarding sexuality and ways to prevent pregnancy?

PLEASE READ

- | | | |
|----|----------------------------------|---|
| a. | Not at all in the past 12 months | 5 |
| b. | More than once a month | 1 |
| c. | About once a month | 2 |
| d. | About once every few months | 3 |
| e. | Once in the past 12 months | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA19.7 How comfortable do you feel about talking to this teenager about sexuality and ways to prevent pregnancy? Would you say...

- | | | |
|----|------------------------|---|
| a. | Very comfortable | 1 |
| b. | Somewhat comfortable | 2 |
| c. | Not at all comfortable | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

SECTION 20: PARTNER VIOLENCE

This final section is about physical violence you have experienced. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. Physical violence includes incidents involving a stranger, acquaintance, friend, family member, or someone you are in a relationship with. By physical violence we mean being pushed, slapped or hit, made to take part in any sexual activity when you didn't want to, or otherwise harmed by another person.

MA20.1 During the past 12 months, have you experienced any physical violence?

<u>Do not include</u>	Yes	1
<u>situations that</u>	No GO TO MA20.3	2
<u>involve threats,</u>	Don't know/Not sure GO TO MA20.3	7
<u>but no physical</u>	Refused GO TO MA20.3	9
<u>violence</u>		

MA20.2a At any time in the past 12 months was physical violence inflicted by... *?

- a1. *a stranger?
- a2. *a current or ex (husband/wife) or live-in partner?
- a3. *a date, or a current or ex-boyfriend or girlfriend NOT living with you?
- a4. *a relative other than a (husband/wife)?
- a5. *some OTHER acquaintance or friend?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MA20.2b (Ask sequentially for each 'yes' response from MA20.2a1-2a5) Did this involve making you take part in any sexual activity when you didn't want to?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

The next questions ask about "intimate partners" of yours which include any current or former spouse, partner, boyfriend or girlfriend. Dates would also be considered intimate partners.

MA20.3 In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of an intimate partner?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MA20.4 At any time during the past 12 months, has an intimate partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.

Yes	1
No	2
Don't know/Not sure	7
Refused	9

Continue if any 'yes' response to MA20.2a2, MA20.2a3, MA20.3, or MA20.4. If not, skip to statement at end of section.

MA20.5 In the past 12 months, have any of the following resulted from the physical violence, anger, threats, or controlling behavior of an intimate partner? Have you...*?

- a. *been unemployed or missed time at work?
- b. *been unable to attend school or missed time at school?
- c. *moved out, even temporarily?
- d. *had contact with the police?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MA20.6 In the past 12 months, have you done any of the following as a result of the physical violence, anger, threats or controlling behavior of an intimate partner?

- a. *sought medical help for yourself?
- b. *sought counseling or therapy for yourself?
- c. *sought help from a domestic violence hotline or program?
- d. *sought help for your children? (Ask only if respondent reported children in the household)
- e. *obtained a restraining order or had one in effect? (Includes temporary, permanent and/or emergency restraining orders; Also known as protective orders or 209As.)
- f. *sought to break up, separate or divorce?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MA20.7 (Ask only if 'yes' to MA20.6e) In the past 12 months, did an intimate partner violate an active restraining order, whether or not the violation was reported?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

MA20.8 Is a *current* intimate partner responsible for any of the physical violence, anger, threats or controlling behavior we've discussed?

Yes, [a <i>current</i> intimate partner is responsible]	1
No, [only <i>former</i> intimate partner(s) is/are responsible]	2
Don't know/Not sure	7

Refused

9

(Read to all women and to men who respond affirmatively to MA20.1, MA20.3, or MA20.4)
If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number - if you'd like to write it down - is 1-800-799-SAFE (7233).

SECTION 21: PERMISSION FOR FOLLOW-UP SURVEY

MA21.1 Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

- | | | | |
|----|---------------------|---|---|
| a. | Yes | 1 | |
| b. | No | 2 | |
| | Don't know/Not sure | | 7 |
| | Refused | | 9 |

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.